

TRAVEL EXPENSE CLAIM

See Instructions and *Privacy
Statement on Reverse Side

STD. 262 (REV. 7/2005)

Page 1 of 1 Pages

| | | | | | |
|--|-------|--|--|--|----------------------------|
| CLAIMANT'S NAME LAURA N. CHICK | | SSN or EMPLOYEE NUMBER* | | DEPARTMENT Planning & Research | |
| POSITION Inspector General | | CB/ID No. exempt | DIVISION or BUREAU Governor's Office | | INDEX NUMBER 226 |
| RESIDENCE ADDRESS* | | HEADQUARTERS ADDRESS 1400 Tenth Street | | TELEPHONE NUMBER (916) 322-3003 | |
| CITY | STATE | ZIP | CITY | STATE | ZIP |
| | | | Sacramento | CA | 95814 |

| (1) MONTH/YEAR | | (3) LOCATION WHERE EXPENSES WERE INCURRED | (4) LODGING | (5) MEALS | | | (6) INCIDENTALS | (7) TRANSPORTATION | | | | | (8) BUSINESS EXPENSE | (9) TOTAL EXPENSES FOR DAY |
|-------------------------------|-------|--|----------------|------------|-------|--------------------------------------|--------------------|--------------------------|---------------------|--------------------------------------|------------------------|--------|----------------------------|-------------------------------------|
| (2) DATE | TIME | | | BREAK-FAST | LUNCH | O.T.,L/T, N/C, RELO. OR DINNER | | (A) COST OF TRANS. | (B) TYPE USED | (C) CARFARE, TOLLS, PARKING | (D) PRIVATE CAR USE | | | |
| | | | | | | | | | | | MILES | AMOUNT | | |
| 9/16 | 16:30 | San Francisco | 161.96 | | | 18.00 | | | | 19.82 | | | | 199.78 |
| 9/17 | 15:00 | | | 5.95 | 8.46 | | | | | 7.60 | | | | 22.01 |
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| (10) SUBTOTALS | | | 161.96 | 5.95 | 8.46 | 18.00 | | | | 27.42 | | | | 221.79 |
| COLUMN CODE (ACCTG. USE ONLY) | | | | | | | | | | | | | | |
| CLAIM TOTAL | | | | | | | | | | | | | 221.79 | |

| | | | |
|--|------------------------|---|------------------------|
| (11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) | | (12) NORMAL WORK HOURS | |
| ARRA Fraud Prevention Training. - <i>organized & hosted.</i> | | | |
| | | (13) PRIVATE VEHICLE LICENSE NUMBER | |
| | | | |
| | | (14) MILEAGE RATE CLAIMED | |
| | | 0.55 | |
| (15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage. | | AGENCY ACCOUNTING OFFICE USE ONLY PAID BY REVOLVING FUND CHECK NUMBER | |
| SIGNATURE | DATE 9/18/09 | (16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT | DATE 9/18/09 |
| (17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse) | | | DATE |

332 CHICK/LAURA

140.00 09/17/09 12:00 20514

ACCT#

60

09/16/09 19:14

73

Room
Clerk

Address

Payment

MR#:

| DATE | REFERENCE | CHARGES | CREDITS | BALANCE DUE |
|-------|-----------|---------------|---------|-------------|
| 09/16 | ROOM | 332, 1 140.00 | | |
| 09/16 | ROOM TAX | 332, 1 19.60 | | |
| 09/16 | CA FEE | 332, 1 .26 | | |
| 09/16 | SFTOURSM | 332, 1 2.10 | | |
| 09/17 | MC CARD | | | \$161.96 |

TO BE SETTLED TO: MASTERCARD CURRENT BALANCE .00

THANK YOU FOR CHOOSING THE RENAISSANCE STANFORD COURT! TO EXPEDITE YOUR CHECK-OUT, PLEASE CALL THE FRONT DESK, OR PRESS "MENU" ON YOUR REMOTE CONTROL TO USE VIDEO CHECK-OUT.


----- EXP. REPORT SUMMARY -----

| | | |
|-------|----------|--------|
| 09/16 | ROOM | 140.00 |
| | ROOM TAX | 19.60 |
| | CA FEE | .26 |
| | SFTOURSM | 2.10 |

AS REQUESTED, A FINAL COPY OF YOUR BILL WILL BE EMAILED TO:
 PATTI.WILLIAMS@INSPECTORGENERAL.CA.GOV
 SEE "INTERNET PRIVACY STATEMENT" ON MARRIOTT.COM

This statement is your only receipt. You have agreed to pay in cash or by approved personal check or to authorize us to charge your credit card for all amounts charged to you. The amount shown in the credits column opposite any credit card entry in this reference column above will be charged to the credit card number set forth above. (The credit card company will bill in the usual manner.) If for any reason the credit card company does not make payment on this account, you will owe us such amount. If you are direct billed, in the event payment is not made within 25 days after checkout, you will owe us interest from the checkout date on any unpaid amount at the rate of 1.5% per month (ANNUAL RATE 18%), or the maximum allowed by law, plus the reasonable cost of collection, including attorney fees.

Signature X _____

Riders  Baggage 
Name of Passenger
CK/LAURA
7018161435
From
SACRAMENTO, CA
To
EMERYVILLE, CA
2V Carrier Train Date

U Accom Space/Car
UNRESERVED
Form of Payment
12.82TK 2269
Rail Fare \$12.82 Accom Charge \$0.00
Fare Plans CJ Total \$12.82
C-V212
Ticket Number 9242486529 01 02
Date of Issue SEP09 128CFE Reservation #
PASSENGER RECEIPT

Riders  Baggage 
Name of Passenger
CK/LAURA
7018161435
From
EMERYVILLE, CA
To
SAN FRAN-FINCL, CA
2V Carrier Train Date

G Accom Space/Car
UNRSVD THRWY
Form of Payment
12.82TK 2269
Rail Fare \$0.00 Accom Charge \$0.00
Fare Plans CJ Total \$12.82
C-V212
Ticket Number 9242486537 02 02
Date of Issue SEP09 128CFE Reservation #
PASSENGER RECEIPT

Fare \$ 7.00
From Market St bus stop
To Marett Stanford Court
Date 9/16/07
Cab No. _____
Driver _____



YELLOW CAB CO-OP
CAB # XXXX
07/23/09 05:06
07/23/09 05:15
TRIP # 6
DIST 1.25 mi
FARE \$ 7.60
TOTAL \$ 7.60

THANK YOU
626-2345

& & & 401 & & &
***** CREDIT CARD VOUCHER *****

RENAISSANCE STANFORD COURT
SAN FRANCISCO, CA
AUREA
CHECK: 6089
TABLE: 12/1
SERVER: 36 NEMIE
DATE: 16SEP'09 8:59PM
CARD TYPE: VISA/MASTERCARD
ACCT #: XXXXXXXXXXXXX2269
EXP DATE: XX/XX
AUTH CODE: 51444Z

SUBTOTAL: 40.52

GRATUITY \$ 8

TOTAL \$ 48.52

SIGNATURE

please leave signed copy
with your server

& & & 401 & & &
***** AUREA *****
RENAISSANCE STANFORD COURT
31 MICHAEL

TBL 77/1 6163
17SEP'09 8:37AM

1 COFFEE TOGO 1.83
Sub-Total: 1.83
Tax 0.17
8:38 TOTAL DUE: \$2.00
PLEASE COMPLETE FOR ROOM CHARGES

GRATUITY
TOTAL
ROOM NUMBER
PRINT LAST NAME

SIGNATURE

BEVERAGE 1.50 T
BEVERAGE 1.70 T
BEVERAGE 0.75 T
TAX1EX 3.95
CASH 3.95

TM

STORE # 215
BAJA FRESH MEXICAN GRILL
150 NUT TREE PARKWAY #100
VACAVILLE, CA. 95687
707-446-6736
GM: SHAI SINGH
Date: Sep17'09 12:59PM
Card Type: MASTERCARD
Acct #: XXXXXXXXXXXXX2269
Exp Date: XX/XX
Auth Code: 53363Z
Check: 1229
Server: 1006 BAJA FRE
LAURA N CHICK

Subtotal: 8.46

TOTAL: 1.00

SIGN: 9.46

I AGREE TO PAY THE ABOVE TOTAL
ACCORDING TO MY CARD ISSUER
AGREEMENT.

CUSTOMER COPY
THANK YOU....COME AGAIN SOON
Your Order#: 29